U.S. Department of Labor Office of Labor-Management Standards Washington, DC 20210

## FORM LM-30 LABOR ORGANIZATION OFFICER AND EMPLOYEE REPORT

Form approved Office of Management and Budget No. 1215-0188 Expires 11-30-2006

This report is mandatory under P.L. 86-257, as amended. Failure to comply may result in criminal prosecution, fines, or civil penalties as provided by 29 U.S.C 439 or 440.

For Official Use Only	
READ THE INSTRUCTIONS CAREFUL	LY BEFORE PREPARING THIS REPORT.
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L. Christian .	
1. File Number U - 430	2. Fiscal Year Covered From:
Localistic materials and	7////65 Through: 12/3//05
	To granual 7000 months (accommensation to the control of the contr
3. Name and address of person filing.	4. Name, file number, and address of labor organization.
Name STEVEN DO DELONG	Name F. U. U. E H18
•	Labor Organization File Number
P.O. Box, Bldg., Room No., if any	P.O. Box, Building and Room Number, if any
Street 35,5 PROSPECT AUF	Street 3515 PRUSPECT AVE
City CLEU	City CLEU CATO
State CHIH ZIP Code + 4 44115	State OHIO ZIP Code + 4 4 4/15
5. Position in labor organization.  BUS REP	
Enter appropriate data below if, during the past fiscal year, you or your spouse or minor child directly or indirectly had any of the following interests (except as specified in the exclusions set forth in the instructions):	
A. Held an interest in, engaged in transactions (including loans) with, or derived income or other economic benefit of monetary value from an employer whose employees your organization represents or is actively seeking to represent.	
Name and address of Employer (including trade name, if any).	7.a. Nature of Interest, Transaction, or Income
Name VICTUR DIGERONIMU	SULD TWO (2) AKC MACE LABS \$500 FAEH
Trade Name, if any: FNDETENDALE EXCAVATING LO.	\$500 FAEH
TAMPETO TROUTE (O)	
P.O. Box, Bidg., Room No., if any	7.b. Amount.
Street 6425 HILL SIDE RD	
City Ind Flen PALCE	\$ 1000
State   C(7/v   ZIP Code + 4   4/13/	
Signature	
15. Signature and verification. The undersigned declares, under penalty of Perjury and other applicable penalties of the law, that all of the information submitted in this report (including the information contained in any accompanying documents), has been examined by the signatory and is, to the best of the undersigned's knowledge and belief, true, correct, and complete. (See the section on penalties in the instructions.)	
Signed Stu Word	On 3/6/06 2/6 432 3/3/ Date Telephone Number